



1646/1

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/682,706
Filing Date	October 9, 2001
First Named Inventor	HSU, SHEAU YU
Group Art Unit	1646
Examiner Name	LI, RUIXIANG

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Total Number of Pages in This Submission 7

Attorney Docket Number STAN-210

ENCLOSURES (check all that apply)

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under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	PAMELA J. SHERWOOD, REG. NO. 36,677
Signature	
Date	February 13, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: February 13, 2003.

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**55.00**

Complete if Known

Application Number 09/682,706
 Filing Date October 9, 2001
 First Named Inventor HSU, SHEAU YU
 Examiner Name LI, RUIXIANG
 Art Unit 1646
 Attorney Docket No. STAN-210

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METHOD OF PAYMENT (check all that apply)

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Deposit Account Number 50-0815
 Deposit Account Name Bozicevic, Field & Francis LLP

The Commissioner authorized to: (check all that apply)
☒ Charge fees indicated below ☐ Credit any overpayments
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FEE CALCULATION

1. BASIC FILING FEE		Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375			Utility filing fee	
1002	330	2002	165			Design filing fee	
1003	520	2003	260			Plant filing fee	
1004	750	2004	375			Reissue filing fee	
1005	160	2005	80			Provisional filing fee	

SUBTOTAL (1)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims		Fee from below		Fee Paid
	Total Claims	-20** =	x	=	
Indep. Claims		-3** =	x	=	
Multiple Dependent				=	

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) \$

**or number previously paid, if greater; For Reissues, see above.

SUBMITTED BY

Name (Print/Type) Pamela J. Sherwood
 Signature *Pamela J. Sherwood*

Registration No. (Attorney/Agent)
 35,677

Complete (if applicable)

SUBTOTAL (3) (\$) 55.00

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Date

1650-327-3400

02/13/2003

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